



LOUISIANA DEPARTMENT OF INSURANCE
SURPLUS LINE PRODUCER'S QUARTERLY TAX STATEMENT
SELF-PROCUREMENT
FORM 1265 B

Insurance Premium Tax Division
P. O. Box 94214, Baton Rouge, LA 70804-9214

Tax Statement
For The

☐ First Quarter
☐ Second Quarter
☐ Third Quarter
☐ Fourth Quarter
YEAR _____

This report must be filed by every person placing insurance with an unauthorized insurer without going through a Louisiana licensed agent or broker, as provided by L.R.S. 22:1265 B. In addition, a tax on the premiums reported in this report, at the rate of five percent, must be paid in accordance with L.R.S. 22:1265, and a penalty of 10%, if applicable, of the tax is due and payable to the Commissioner of Insurance, as outlined in L.R.S. 22:1266, for any report not at least postmarked by the respective quarter's due date.

The contract of insurance must be negotiated, paid, and delivered outside of Louisiana and in a state or other sovereignty where the company providing the coverage is authorized to place such coverage. An individual other than a Louisiana licensed agent or broker must have procured the coverage. ATTACH A COPY OF THE POLICY OR POLICIES TO THIS FORM.

The quarters and due dates are as follows:

| | | | |
|-----------------|---------------------------------|------|---------------|
| First Quarter: | January 1 through March 31st | DUE: | June 1st |
| Second Quarter: | April 1 through June 30th | DUE: | September 1st |
| Third Quarter: | July 1 through September 30th | DUE: | December 1st |
| Fourth Quarter: | October 1 through December 31st | DUE: | March 1st |

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Title _____ Phone # (_____) _____

E-Mail Address _____

CALCULATION OF TAXABLE PREMIUMS, TAX DUE, AND LATE PENALTY

| ITEM | PREMIUMS | TAX | PENALTY | SUBTOTALS |
|---|----------|-----|---------|-----------|
| 1. TOTAL TAXABLE QUARTERLY PREMIUMS (ON-TIME) | \$ | | | |
| 2. TAX DUE ON ON-TIME PREMIUMS (Line 1 x 5%) | | \$ | ▶▶▶ | \$ |

| | | | | |
|--|----|----|------|----|
| 3. TOTAL LATE TAXABLE PREMIUMS | \$ | | | |
| 4. TAX ON LATE PREMIUMS (Line 3 x 5%) | | \$ | ▶▶▶ | \$ |
| 5. PENALTY ON LATE PREMIUMS (Line 4 x 10%) | | | \$ ▶ | \$ |
| 6. SUBTOTAL (Late Tax and Penalty Due) (Line 4 + Line 5) | | | | \$ |

NOTE: If statement is filed after the quarter's due date, all premiums on that statement should be reported as LATE.

| ITEM | TAX AND PENALTY DUE |
|---|---------------------|
| 7. TOTAL TAX AND PENALTY DUE (Lines 2 + 6 above) | \$ |
| 8. LESS: CARRYFORWARD CREDIT FROM PREVIOUS QUARTERS | \$ |
| 9. NET TAX AND PENALTY DUE (Line 7 less Line 8) (SUBMIT CHECK FOR THIS AMOUNT) | \$ |

CHECK IN THE AMOUNT OF \$ _____, payable to the Commissioner of Insurance, State of Louisiana is attached hereto.

FOR DEPARTMENT USE ONLY, DO NOT WRITE IN THIS SPACE: REVIEWED BY _____ DATE _____ RECEIPT NUMBER _____

QUARTERLY RECAPITULATION BY POLICY

Complete one section box below for each policy placed as a self-procurement for which taxes are being remitted with this report. Transfer taxable premium amounts to Page 1 of this form, placing them on Line 1, Page 1 if the effective date of the policy or policies being reported falls in the same quarter and year as indicated on Page 1 of this form (on-time premiums) or on Line 3, Page 1 (late premiums), if the effective date falls outside the quarter and year indicated on Page 1 of this form.

Complete and attach additional copies of this same sheet, if additional space is needed.

Section Box 1

| NAIC No. | Insurer's Name | Policy Number | Effective Date | Expiration Date | La Taxable Premiums | LATE? (Y/N) |
|-------------------------|----------------|--------------------------|----------------|-----------------|---------------------|-------------|
| Insured's Name: | | Producer's Name: | | | | |
| Insured's Address: | | Producer's Address: | | | | |
| Insured's City: | | Producer's City: | | | | |
| Insured's State: | | Producer's State: | | | | |
| Insured's Zip Code: | | Producer's Zip Code: | | | | |
| Insured's Phone Number: | | Producer's Phone Number: | | | | |

Section Box 2

| NAIC No. | Insurer's Name | Policy Number | Effective Date | Expiration Date | La Taxable Premiums | LATE? (Y/N) |
|-------------------------|----------------|--------------------------|----------------|-----------------|---------------------|-------------|
| Insured's Name: | | Producer's Name: | | | | |
| Insured's Address: | | Producer's Address: | | | | |
| Insured's City: | | Producer's City: | | | | |
| Insured's State: | | Producer's State: | | | | |
| Insured's Zip Code: | | Producer's Zip Code: | | | | |
| Insured's Phone Number: | | Producer's Phone Number: | | | | |

Section Box 3

| NAIC No. | Insurer's Name | Policy Number | Effective Date | Expiration Date | La Taxable Premiums | LATE? (Y/N) |
|-------------------------|----------------|--------------------------|----------------|-----------------|---------------------|-------------|
| Insured's Name: | | Producer's Name: | | | | |
| Insured's Address: | | Producer's Address: | | | | |
| Insured's City: | | Producer's City: | | | | |
| Insured's State: | | Producer's State: | | | | |
| Insured's Zip Code: | | Producer's Zip Code: | | | | |
| Insured's Phone Number: | | Producer's Phone Number: | | | | |

| PREMIUM TOTALS – THIS SHEET | |
|-----------------------------|-------|
| ON-TIME: | LATE: |

STATE: _____

PARISH OR COUNTY: _____

THE UNDERSIGNED ATTESTS THAT THIS IS A STATEMENT OF QUARTERLY PREMIUMS ON RISKS LOCATED IN THE STATE OF LOUISIANA PLACED AS SURPLUS LINES, WITHOUT ANY DEDUCTIONS FOR DIVIDENDS PAID OR OTHERWISE CREDITED TO POLICYHOLDERS, AS REQUIRED BY TITLE 22, FOR THE QUARTER AND YEAR INDICATED ON THIS FORM. THE UNDERSIGNED ALSO ATTESTS THAT THE TAX REPORTED ON THIS FORM REPRESENTS THE TRUE EXHIBIT OF NET PREMIUMS AND TAXES OWED BY THEM IN LOUISIANA. ALSO, THE APPROVED UNAUTHORIZED INSURANCE COMPANIES, WITH WHICH COVERAGE WAS PLACED, MEET THE REQUIREMENTS OF L.R.S. 22§1262 AND THAT ALL POLICIES HAVE BEEN PROPERLY ENDORSED, PURSUANT TO L.R.S. 22§1258, TO THE BEST OF THE AFFIANT'S KNOWLEDGE, INFORMATION, AND BELIEF.

See Required Signature Note Below ►►►►►

INSURED OR AUTHORIZED OFFICER OF INSURED

DATE

FILING INSTRUCTIONS

| | |
|---------------------------------|--|
| Who Must File This Form? | Every person placing insurance with an unauthorized insurer without going through a Louisiana licensed agent or broker. "Person" means any individual, company, insurer, association, organization, reciprocal or inter-insurance exchange, partnership, business, trust or corporation. |
| Due Dates: | First Quarter: June 1 Second Quarter: September 1 Third Quarter: December 1 Fourth Quarter: March 1 |
| Late Statements: | This statement is considered LATE if postmarked by the U. S. Postal Service later than the due dates specified above and on the front of this form. If sent through a service other than the U. S. Postal Service without a postmark, the statement will be considered LATE if received more than one day after the due date. |
| Filing Address: | Mailing Address: P. O. Box 94214, Baton Rouge, LA 70804-9214 Physical Address: 1702 North 3 rd Street, Baton Rouge, LA 70802 |
| How to Contact Us: | Phone: (225) 342-1012 Fax: (225) 342-9708 E-Mail: taxdivision@ldi.state.la.us |
| Required Signature: | If insured is an individual, that individual must sign this statement. If insured is any entity other than an individual, their authorized officer must sign this statement. |